



Delaware Department of Transportation Subdivision Initial Stage Fee Calculation Form

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|--|-----------------------------------|
| Project Name: _____ | Developer: _____ |
| Project Location/Address: _____ | Development Company: _____ |
| Tax Parcel ID: _____ | Developer Email: _____ |
| Engineer's Name/Company: _____ | Developer Phone: _____ |
| Engineer's Phone: _____ | County: _____ |
| Engineer's Email: _____ | SSR, SKR, SNR: _____ |

All checks and/or money orders must be made payable to the **Delaware Department of Transportation**, and be dated within 90 days of the submittal date. Checks should be mailed with this completed form to the Department's Finance Section as follows, **Attention: Controller, P.O. Box 778, Dover, DE 19973**. Hand delivered checks may only be remitted at the front desk, which is located in the main lobby of the Administration Building. **Cash will not be accepted.** Plan submittal packages for project reviews should continue to be submitted directly to the Subdivision Section with a copy of the check and this form.

I. Record Plan Submission

- A. _____ Minor Residential Subdivision (5 or less lots) **Number of lots** _____
☐ Check this box, if Senate Bill 49 Applies
- B. _____ Major Residential Subdivision (6 or more lots) **Number of lots** _____
- C. _____ Non-residential land development (i.e., commercial, school, office, church)
Number of lots _____ **Gross Floor Area** (square feet) _____
- D. _____ Mixed Use

II. Initial Stage Fee Calculations

- A. Minor Residential Subdivision (5 lots or less).....\$100
- B. Major Residential Subdivision \$400 + (Number of Lots x \$10) = Total fee
\$400 + [_____ x \$10] = \$ _____
Number of Lots _____ Total
- C. Non-Residential development ... \$500 + (Number of Lots x \$20) = total fee **OR**
\$500 + (Gross floor area/1000 s.f. x \$20) = total fee **(WHICHEVER IS GREATER)**
Number of Lots: \$500 + [_____ x \$20] = \$ _____
Number of Lots _____ Total
Gross Floor Area: \$500 + [_____ ÷ 1000 x \$20] = \$ _____
Gross Floor Area _____ Total
- D. Mixed Use = _____ + _____ = \$ _____
B C Total

III. **Total Amount Remitted:** \$ _____ **Check/M.O. Number:** _____

IV. **Signatures:** Applicant: _____ Date: _____
Applicant
Reviewed by: _____ Date: _____
DelDOT

(This signature attests that the appropriate fee has been provided and does not constitute approval of the project by the Department.)

REMARKS: _____